

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	70639-0025
		First Named Inventor	David A. Scheidmantel
COMPLETE IF KNOWN			
		Application No.	
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Declaration submitted with or initial filing			
<input type="checkbox"/> submitted after initial filing			
As a below named inventor, I hereby declare that:			
My residence, post office address, and citizenship are as stated below next to my name.			
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">ARMREST WITH SIDE IMPACT RESISTANCE FEATURE</div> <i>(Title of the Invention)</i>			
the specification of which <input checked="" type="checkbox"/> is attached hereto or <input type="checkbox"/> was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.			
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.			
I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:			
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.			
Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
60/319,464	08/12/02		

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98, OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States of America, filed below and, insofar as the subject matter of such of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which become available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 20915

Or

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	G. Thomas Williams	42,228
Joel E. Bair	33,356	Michael F. Kelly	50,859
Mark A. Davis	37,118		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number 20915 or ☐ Correspondence Address below

Name	G. Thomas Williams, Reg. No. 42,228 McGarry Bair PC		
Address	171 Monroe Avenue, NW, Suite 600		
City, State, Zip	Grand Rapids, Michigan 49503		
Country	US	Telephone	616-742-3500
		Fax	616-742-1010

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname
David A.	Scheidmantel

Inventor's Signature	<i>David A. Scheidmantel</i>	Dated	8/6/03
----------------------	------------------------------	-------	--------

Residence: City	Rockford	State	MI	Country	US	Citizenship	Us
-----------------	----------	-------	----	---------	----	-------------	----

Post Office Address	9516 Myers Lake Avenue, N.E.						
---------------------	------------------------------	--	--	--	--	--	--

City	Rockford	State	MI	Zip	49341	Country	US
------	----------	-------	----	-----	-------	---------	----

☒ Additional inventors are being named on the 2 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign in this box:



PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Roger A.				Nelson			
Inventor's Signature	<i>Rog A Nelson</i>					Dated 8-5-03	
Residence: City	Wixom	State	MI	Country	US	Citizenship	US
Post Office Address	3035 Potter						
City	Wixom	State	MI	Zip	48393	Country	US

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Luke J.				LaPanne			
Inventor's Signature	<i>Luke J LaPanne</i>					Dated	
Residence: City	Hopkins	State	MI	Country	US	Citizenship	US
Post Office Address	2924 21 st Street						
City	Hopkins	State	MI	Zip	49328	Country	US

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Christopher D.				Sorenson			
Inventor's Signature	<i>Chris D Sorenson</i>					Dated 8-7-03	
Residence: City	Byron Center	State	MI	Country	US	Citizenship	US
Post Office Address	1305 Richfield Court						
City	Byron Center	State	MI	Zip	49315	Country	US

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Chris T.				Woodthorp			
Inventor's Signature	<i>Chris T Woodthorp</i>					Dated 8-5-03	
Residence: City	Blanchard	State	MI	Country	US	Citizenship	US
Post Office Address	7781 Rolland Road						
City	Blanchard	State	MI	Zip	49310	Country	US

Please type a plus sign in this box:

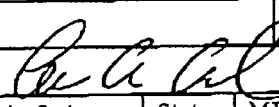
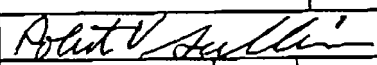
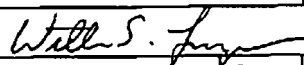


PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Lee A.				Ash			
Inventor's Signature						Dated 8/4/03	
Residence: City	Cedar Springs	State	MI	Country	US	Citizenship	US
Post Office Address		6330 16 Mile Rd.					
City	Cedar Springs	State	MI	Zip	49319	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Robert V.				Sullivan			
Inventor's Signature						Dated 8/5/03	
Residence: City	Jenison	State	MI	Country	US	Citizenship	US
Post Office Address		7042 Magnolia					
City	Jenison	State	MI	Zip	49428	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
William S.				Longcore			
Inventor's Signature						Dated 8/8/03	
Residence: City	Belmont	State	MI	Country	US	Citizenship	US
Post Office Address		5471 5 Mile Rd.					
City	Belmont	State	MI	Zip	49306	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	